



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

## BIB DATA SHEET

CONFIRMATION NO. 5141

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/722,962	11/27/2000 RULE	705	3626	08563-0087

**APPLICANTS**

Larry A. Greenspan, Sparks, MD;  
 Steven Michael Mallot, Towson, MD;  
 Jon David Frizzell, Manchester, MD;  
 Deborah Louise Reed, Towson, MD;  
 Brian Howard, Baltimore, MD;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/234,103 09/21/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
03/27/2001

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	MD	14	60	3

**ADDRESS**

PAMELA R. CROCKER  
 EASTMAN KODAK COMPANY, PATENT LEGAL STAFF  
 343 STATE STREET  
 ROCHESTER, NY 14650-2201  
 UNITED STATES

**TITLE**

Method and apparatus for case building and presentation of healthcare procedures

<b>FILING FEE RECEIVED</b> 1560	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit